AMENDED IN SENATE APRIL 14, 2011 AMENDED IN SENATE MARCH 24, 2011

SENATE BILL

No. 485

Introduced by Senator Hernandez

February 17, 2011

An act to add Section 14134.7 to the Welfare and Institutions Code, relating to Medi-Cal health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 485, as amended, Hernandez. Medi-Cal. Health facilities: emergency units.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care services. Existing law provides for the licensure of health facilities, including general acute care hospitals.

This bill would require the department to establish a pilot program to facilitate collaboration between a federally qualified health clinie an available and accessible provider of nonemergency medical care and a general acute care hospital to provide a Medi-Cal beneficiary or patient who lacks health insurance with an alternative to the use of the emergency unit of a general acute care hospital for care and services if the Medi-Cal beneficiary or patient, after a medical screening, is determined by a physician and surgeon or other health care provider, as specified, to not have an emergency medical condition and the Medi-Cal beneficiary or patient is provided the specified information, in writing, before nonemergency medical care is provided in discharge from the emergency unit.

SB 485 — 2 —

1

2

3

4

5

6

7

9

10 11

12

13

14

15 16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 14134.7 is added to the Welfare and Institutions Code, to read:

14134.7. (a) The department shall establish a pilot program to facilitate collaboration between a federally qualified health clinic an available and accessible provider of nonemergency medical care and a general acute care hospital, as a benefit of the Medi-Cal program, to provide a Medi-Cal beneficiary with an within two geographic locations, to provide a Medi-Cal beneficiary, a patient who lacks health insurance, or both, with an alternative to the use of the emergency unit of a general acute care hospital for care and services if the Medi-Cal beneficiary or patient who lacks health insurance, after a medical screening, is determined by a physician and surgeon or other health care provider who acts within his or her scope of practice to not have an emergency medical condition and the Medi-Cal beneficiary or patient who lacks health insurance is provided the following information, in writing, before nonemergency medical care is provided in the emergency unit: the patient is discharged from the emergency unit:

- (1) The name and address of an available and accessible provider of nonemergency medical care who does not charge a copay or may charge a lower copay than the general acute care hospital.
- (2) A referral from the general acute care hospital if necessary to coordinate the scheduling of treatment.
- (b) The department shall submit any necessary application to the federal Centers for Medicare and Medicaid Services for a waiver to implement the pilot project described in this section. The department shall determine the form of waiver most appropriate to achieve the purposes of this section. The waiver request shall be included in any waiver application submitted within 12 months after the effective date of this section, or shall be submitted as an independent application within that time period. After federal approval is secured, the department shall implement the waiver within 12 months of the date of approval.
- (c) The department shall develop a request for proposal process for available and accessible providers of nonemergency medical

3 SB 485

care and general acute care hospitals that want to participate in the pilot project. The department also shall develop a timeline and process for monitoring and evaluating the pilot project and provide this timeline and process to the appropriate fiscal and policy committees of the Legislature.

1

2

3

5

6

7

8

10

11 12

13

(d) For purposes of this section, an "an available and accessible provider of nonemergency medical care care" includes the office of a physician and surgeon, health clinic, community health center, and hospital outpatient department, provided that the provider of nonemergency medical care is able to diagnose or treat contemporaneously within the same amount of time that a physician within the emergency unit of a general acute care hospital would have taken to provide the same nonemergency services.